

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L18000127402

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.
Account Number : 073222003555
Phone : (561)686-3307
Fax Number : (561)290-1590

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MEDICANNA LLC**

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

JUN 05 2018
J. HARRIS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Medicanna LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/22/2018 and assigned
Florida document number L18000127402.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Hernandez, Jonathan	401 SW 120 AVE	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33024	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Miranda, Guillermo	8911 NW 15TH CT	<input type="checkbox"/> Add
		PEMBROKE PINES, FL 33024	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Guaty, Julio	90 SW 3RD ST #2311	<input type="checkbox"/> Add
		Miami FL 33130	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Guaty, Tiffany	90 SW 3RD ST #2311	<input checked="" type="checkbox"/> Add
		Miami FL 33130	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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Effective date, if other than the date of filing: _____ (Optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated June 4, 2018 _____,

Signature of a member or authorized representative of a member

Julio Guaty

Julio Guaty

Typed or printed name of signee

2016 JUN -5 AM 8:01
FALL CHASE FLORIDA